



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

MOBILE
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
MIZUNO BARRY T.			(808) 959-7144
MAILING ADDRESS (Street)			FAX
1206 MALAWA'INA PLACE			(808) 959-7144
(City)	(State)	(Zip Code)	
Hilo	HAWAII	96720	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BTM LLC			(808) 959-7144
MAILING ADDRESS (Street)			FAX
1206 MALAWA'INA PLACE			(808) 959-7144
(City)	(State)	(Zip Code)	
Hilo	HAWAII	96720	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Puna Geothermal Venture			(808) 965-6233
MAILING ADDRESS (Street)			FAX
P.O. Box 30 (14-3860 Kapoho Paho Rd. - FedEx only)			(808) 965-7254
(City)	(State)	(Zip Code)	
Paho, Hawaii		96778	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Kaleikini, Plant Manager			(808) 965-6233
MAILING ADDRESS (Street)			FAX
P.O. Box 30			(808) 965-7254
(City)	(State)	(Zip Code)	
Paho	HAWAII	96778	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Barry T. Weir

(Signature of Lobbyist)

12/29/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Michael L. Kaleikini

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Puna Geothermal Venture

(808) 965-6233

MAILING ADDRESS (Street)

FAX

P.O. Box 30

(City)

(State)

(Zip Code)

Pahoa

Hawaii

96720

I hereby authorize the above - named person to engage in lobbying activities on behalf of the under signed.

Michael Kaleikini

(Signature of Authorizing Officer or Person Represented)

29 DEC 06

(Date)